04/13/89 Shipper 20653See Instructions on Back of Page 6
Form Approved OMB No. 2050—0039 (Expires 9-30-91) and Front of Page 7

Dipartment of Health Services
Toxic Substances Control Division

UNIFORM HAZARDOUS WASTE MANIFEST 3. Generator's Name and Mailing Address Time-Med Labeling 9566 Vassar Ave., Chatsworth, CA 91311 4. Generator's Phone (818) 998-9474			2. Page 1 Information in the shaded areas is not required by Federal law. A. State Manifest Document Number 8 8293773 B. State Generator's ID				
7. Transporter 2 Company Name 8.		1-1-1	E. Stat	e Transporter's		37030 033.	
9. Designated Facility Name and Site Address 10. US EPA ID Number Omega Recovery Services			G. State Facility's ID C A D O 4 2 2 4 5 O O				
12504 E. Whittier Blvd. Whittier, CA 90602	CAD 042 245 00	1	H. Fac	213/698	3-099	1	
11. US DOT Description (Including Proper Shipping Name, Hazard	Class, and ID Number)	12. Cont No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	i. Waste No.	
Waste ORM-A NOS NA 1693 (Flexosolvent)	ORM-A	006	DM	*	G	State 211 EPA/Other	
b				DIOILIZE)	State	
W		111				EPA/Other State	
				11		EPA/Other	
d.			1			State EPA/Other	
J. Additional Descriptions for Materials Listed Above		111	K. Hai	ndling Codes for	Wastes Li b.	sted Above	
			C.		d.	WWW.	
15. Special Handling Instructions and Additional Information		<u> </u>	l	**************************************			
16. GENERATOR'S CERTIFICATION: I hereby declare that the and are classified, packed, marked, and labeled, and are in a national government regulations.	Il respects in proper condition f	or transport	by highw	ay according to	арріісавіе	international and	
If I am a large quantity generator, I certify that I have a progra to be economically practicable and that I have selected the p present and future threat to human health and the environmer generation and select the best waste management method th	racticable method of treatment, it; OR, if I am a small quantity g	storage, or enerator, I h	disposal	currently availab	de to me w	vnich minimizes the	
Printed/Typed Name VICICI A SOUR	Signature St	123		%2 104		Month Day Yes	
17. Transporter 1 Acknowledgement of Receipt of Materials	Signature	11	17	- 2		Month Day Ye	
Printed / Tenned Name		E	(NE	mye	in	1818/1818	
Printed Typed Name 18. Transporter 2 Acknowledgement at Receipt of Majorials	/ late	/		1		_ , .	
Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name	Signature of	/		-6		Month Day Ye	
18. Transporter 2 Acknowledgement of Receipt of Materials				-6		Month Day Ye	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed / Typed Name	Signature	allost average	t as and	od in law 19		Month Day Ye	

DHS 8022 A (1/88) EPA 8700-22 (Rev. 9-88) Previous editions are obsolete. Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812